

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

227	Better Business Connections, Inc.			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)		
22664 Relocation Drive		Sterling	VA	20166
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(703) 707-2020	(703) 707-2028	(703) 834-1556	rtaylor@bbcexpress.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

594386			2046
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Radcliff Taylor		General Manager	
*Name		*Title	
(703) 707-2020	(703) 929-0717	(703) 834-1556	rtaylor@bbcexpress.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Mark Dycio		(703) 383-0100	mdycio@dyciolaw.com	
Name of Registered Agent for Service of Process		Telephone	E-mail	
10533 Main Street			Fairfax	VA 22030
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
B311	2011	Ford	1FDUF5GT7BEA75017	B45415	DC	28	No
B411	2011	Ford	1FDGF5GT0BED06711	B44063	DC	28	No
B511	2011	Ford	1FDGF5GT7BEC82701	B44042	DC	28	No
B612	2012	Freightliner	1FVACWOU5CDBX1357	B46100	DC	38	No
B713	2013	Freightliner	1FVACWDEXDHY6320	B45169	DC	38	No
B913	2013	Freightliner	1FVACWDU2DDFB1626	B45192	DC	38	No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Radcliff Taylor

*Name (type or print)

General Manager

*Title (not required for sole proprietors)

Radcliff Taylor

*Signature

01/24/2013

*Date